



What does OneCare Kansas Mean for Hospitals and Other Providers?



Background

When the Kansas Department of Health and Environment (KDHE) signed contracts with three managed care organizations (MCOs) to provide all Medicaid services to eligible Kansans, the provision of Health Homes (OneCare Kansas in our state) to people with serious mental illness (SMI), diabetes and other chronic conditions was included. KDHE and its sister agency, the Kansas Department on Aging and Disability Services (KDADS), have worked with university partners and the University of Kansas, Wichita State University Center for Community Engagement, the KanCare MCOs and a variety of stakeholders to implement OneCare Kansas for a defined population included below:

- 1 serious and persistent mental illness, defined as having at least one of the following diagnoses:
 - Paranoid Schizophrenia
 - Severe Bipolar Disorder
- **Or** one chronic condition defined as people who have Asthma that also are at risk for developing:
 - Diabetes
 - Hypertension
 - Kidney Disease (not including Chronic Kidney Disease Stage 4 and ESRD)
 - Cardiovascular Disease
 - COPD
 - Metabolic Syndrome
 - Mental Illness (not including Paranoid Schizophrenia and Severe Bipolar Disorder)
 - Substance Use Disorder
 - Morbid Obesity (body weight 100lbs over normal body weight, BMI greater than 40, or BMI over 30 with obesity-related health problems)
 - Tobacco Use or exposure to second hand smoke

Health Home is a term unique to Medicaid and refers to an option which states can choose to provide within their Medicaid programs to patients with certain chronic conditions. OneCare Kansas is the name Kansas has given their Health Home Program. A Health Home is not a building, but is a comprehensive and intense system of care coordination that integrates and coordinates all services and supports for people with complex chronic conditions. OneCare Kansas services do not replace existing acute care and long-term services and supports, but are layered over them to ensure well-coordinated care, without gaps and duplicative services. Medical homes and patient-centered medical homes can also serve as Health Homes.

OneCare Kansas must provide six core services. These services are:

- Comprehensive Care Management
- Care Coordination
- Health Promotion

- Comprehensive Transitional Care, including appropriate follow-up, from inpatient to other settings
- Members and Family Support (including authorized representative)
- Referral to Community and Social Support Services

KDHE is implementing OneCare Kansas within KanCare for a defined population. Members will have to meet that criteria in order to be eligible for OneCare Kansas.

The model for OneCare Kansas will be a partnership between the KanCare MCOs and community health providers. The MCOs will be paid an additional per member per month (PMPM) payment for each person in OneCare Kansas. The MCOs will contract with community providers to be OneCare Kansas Partners.

Kansas has outlined four goals to assess the effectiveness of OneCare Kansas:

- Reduce utilization associated with avoidable (preventable) inpatient stays
- Improve management of chronic conditions
- Improve care coordination
- Improve transitions of care between primary care providers and inpatient facilities

We will collect data on a variety of measures that will help determine whether or not we are meeting these goals.

Partnering to Provide Services

All OneCare Kansas services will be provided by the OneCare Kansas (OCK) Partners. The OCK Partner may contract with another provider for one or more services. However, the OCK Partners will maintain oversight and responsibility for all 6 core services.

The Role of Hospitals in OneCare Kansas

Medicaid-funded hospitals in the state are required to work with OCK in the following ways:

- Hospitals must refer individuals who are likely to meet the eligibility requirements to a Health Home
- Hospitals must communicate with OCK regarding ER and admission discharges.
- Some OCK Partners may want to enter into formal agreements with hospitals to ensure cooperation and provision of services

The Role of Other Providers in OneCare Kansas

While a variety of providers could potentially qualify to be OCK Partners, some may not qualify as OCK Partners and some providers may choose not to do so. There are still roles for these providers, whether or not they are directly involved in an OCK member's provision of care.

Other providers in the state will work with OCK in the following ways:

- Participating in the development and implementation of Health Action Plans
- Being involved in the development of discharge plans from inpatient or long-term care settings for OCK members

- Participating in coordination and communication activities to ensure OCK members have positive health outcomes
- Providing OCK materials and information to prospective OCK members
- Making referrals of patients to OCK

Some providers may contract with OCK Partners to:

- Provide one or more OCK service
- Provide training to OCK staff about physical or behavioral health conditions
- Assist OCK members in understanding and managing a chronic condition

Find out more about OneCare Kansas

To learn more about OCK, visit the OCK web page at:

<http://www.kancare.ks.gov> . There, you can find PowerPoint presentations, draft materials and frequently asked questions. For more information about federal requirements related to Health Homes, there are links to State Medicaid Director Letters on the KanCare website.